	1892	
ARIZONA STATE BO	State Dile Mr. C. 1	
Coun STANDARD CERTII	- AH 9	.,
District	or Village.	
City No. (If birth occurred i	in a hospital or institution, give its NAME instead of street and num	
Mary Ellay	If child is not yet named, n supplemental report, as direct	
ent of plural 5. No., in order of birth	7. Date 4-26-29	
FATHER Municipal Municipal Manual	14. MOTHER Full maiden name Co. O Oke - O	
(Usual placet alode) If non-resident, the place and state.	15. Residence (Usual place of abode) If non-resident, give place and state.	
Warn 11. Age at last birthday 33 (Years)	15. Color or race We AM, 17. Age at last birthday 30 (Yes	
12. Birthplace (city o place) / August 1	18. Birthplace (city or place)	
13. Occupation Motorman	(State or country) 19. Occupation	
Nature of industry	Nature of industry	
(Taken as of time of birth of child herein (b) Born alive b	ut now dead. 21. Were precautions taken against of thalmis neonatorum.	-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	ING PHYSICIAN OR MIDWIFE •	=
* When there was no attending physician or midwife, then the father, householder, Signature	Born alive or stillborn)	
etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	a july war	
Given name added from a supplemental report. Month, day, year	(Physician or midwife).	
Registrar.	me/2,1930 Cg. Ca.	126
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